

April 11, 2003

SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS AEROSOL-GENERATING PROCEDURES

The following recommendations are based on CDC *Infection Control Precautions for Aerosol-Generating Procedures on Patients who have Suspected Severe Acute Respiratory Syndrome (SARS)*, March 20, 2003 (www.cdc.gov/ncidod/sars/aerosolinfectioncontrol.htm).

Multiple cases of suspected severe acute respiratory syndrome (SARS) have occurred in healthcare personnel who had cared for patients with SARS. During the course of the investigation, CDC has received anecdotal reports that aerosol-generating procedures may have facilitated transmission of the etiologic agent of SARS. Procedures that induce coughing can increase the likelihood of droplet nuclei being expelled into the air. These potentially aerosol-generating procedures include aerosolized medication treatments (e.g., albuterol), diagnostic sputum induction, bronchoscopy, airway suctioning, and endotracheal intubation. For this reason, healthcare personnel should ensure that patients have been evaluated for SARS before initiation of aerosol-generating procedures. Evaluation for SARS should be based on the most recent case definition for SARS (www.cdc.gov/ncidod/sars/casedefinition.htm). Aerosol-inducing procedures should be performed on patients who may have SARS only when such procedures are deemed medically necessary. These procedures should be performed using airborne precautions as previously described for other infectious agents, such as *Mycobacterium tuberculosis* (Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities.) (www.cdc.gov/mmwr/preview/mmwrhtml/00035909.htm). Personal protective equipment including N-95 or a higher level of respiratory protection should be worn by all healthcare workers who may be exposed to aerosol-generating procedures on patients with suspected SARS.